

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

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BY:

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: OCT. 22, 2018 Case Number: 19-32

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Clemence Chako

Premise Name: Midwestern University Animal Health Institute

Premise Address: 5725 W Utopia Rd

City: Glendale State: AZ Zip Code: 85308

Telephone: (623) 806-7575

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Debbie McQueen

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Jasmine

Breed/Species: Alpaca

Age: 2 years Sex: F Color: Brown

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Clemence Chako
Midwestern University Institute Animal Health Institute/Equine Bovine Center
5725 W Utopia Rd
Glendale, AZ 85308
623 806-7575

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Doug McQueen

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: DG McQueen

Date: 10/18/2018

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

On Sunday evening, August 19, 2018, my husband Doug and I found Jasmine down with a temp of 104.8. We moved her in front of an evap cooler with two fans, iced her down, gave her electrolyte enemas, a B-Complex injection and her temp dropped back down to 103. Gave her 1 ml banamine. She was eating, drinking, chewing her cud but couldn't stand. Our vet was not available and we couldn't find an emergency vet to come out that night.

Monday morning, August 20, 2018, I called Midwestern Univeristy and they sent out Dr. Chako. He administered 1 L saline IV, drew blood for CBC. Dx: edema in her thighs and brisket and heat stress Recommendations: Keep Jasmine cool, lift her and massage her leg muscles. Tx: 1.5 mL Banamine for 2 days and Vit E 6000iu daily for 5 days. We fabricated a lift, hoist and sling and began physical therapy. Dr. Chako reported her lab results showed extensive muscle damage but everything else looked okay. Jasmine had a strong will to live.

Tuesday, August 21, 2018, I called and asked Dr. Chako if we could try Lasix for the edema. Jasmine was moving her legs in the lift and continuing to eat, drink, and breath normally. However, we were very concerned as Dr. Chako told us that each day she was down decreased her chance of recovery by 25%, and that if she wasn't up by Thursday, we would need to put her down. He said he had concerns about the Lasix and offered Hetastarch IV instead, claiming the drug "stops fluid leakage" so we'd be addressing the edema at the source as opposed to treating symptoms. He decided on 2 bags of Hetastarch 500 mL. We put Jasmine on a memory foam mattress.

Wednesday, August 22, 2018 - We did 1 hour of PT/massage with Jasmine in the lift. Her ability to move her legs had improved significantly. She kicked when we put her in the sling and she put weight on her rear legs. She was alert, playful (targeting), eating, drinking, chewing her cud and breathing normally. But she still was not able to stand. However, we were optimistic due to the improvement we were seeing. Definately a turning point.

A few hours later, Dr. Chako came out with another man and started the first Hetastarch IV, then admnistered an injection of antibiotic called Excede. Jasmine was alert, playful, eating, drinking and breathing normally. She was wrapping her neck around me, targeting my hand and being silly. About 20 minutes into the IV, Jasmine became tired and weak and could no longer hold her head up. She started gasping for breath, nostril flaring. Dr. Chako turned off the IV and administered dexamethasone and epi but Jasmine did not respond. Due to the gasping for air and hyperventilation from the labored breathing, she started to bloat which was relieved with an orogastric tube. I told Dr. Chako I was concerned that Jasmine was having an adverse reaction to the hetastarch and asked what we could do for her. He said to feed her only grain for 24 hours. When I questioned that, he changed his directive to hay in a bucket of water and just left us there. Jasmine did not resume eating. Her respiratory distress progressively worsened. Her edema worsened to the point that her thighs felt like Play Doh and her vulva and anus were protuding out she was so swollen.

F. ALLEGATIONS and/or CONCERNS (cont'd):

We checked on Jasmine at 5 am on Thursday, August 23, 2018, the morning following the Hetastarch treatment. She was still fatigued, gasping for breath. Eyes were dull. Edema was even worse. She had passed urine and her feces looked normal. We tried to lift her in the sling but she was too swollen and weak. A clear fluid began pouring out of her mouth. She started crying. As we lowered her, she went limp and died in my arms.

We believe the Hetastarch killed Jasmine. As documented by the August 21, 2018 lab results, Jasmine was not hypovolemic, which is the primary use for Hetastarch. She had heat-stress induced edema which did, however, make her more prone to hypervolemia. She, therefore, was not a good candidate for Hetastarch. Labeling for Hetastarch warns, "Do not use HES products, including HESPERAN, in clinical conditions where volume overload is a potential problem." Hetastarch pulls fluid into the vessels. It is a volume expander but carries a risk of volume overload and pulmonary edema.

I have not been able to find any literature supporting successful treatment of edema with Hetastarch in alpacas. However, I did see a paper indicating hetastarch increases colloid osmotic pressure in healthy llamas. Increasing pressure in an animal already suffering severe extremity edema could precipitate volume overload. According to FDA prescribing information, side effects and uses, hetastarch is used to treat hypovolemia. Hypersensitivity reactions include non-cardiac pulmonary edema, laryngeal edema, bronchospasm, wheezing, tachypnea, stridor, shortness of breath and coughing. Cardiovascular reactions include circulatory overload, congestive heart failure and pulmonary edema.

Had we known Dr. Chako's use of hetastarch for edema was off-label, experimental or unproven, we would not have agreed to the treatment. We feel he was negligent in administering the hetastarch to Jasmine given the condition (edema) he was treating made her prone to volume overload and the product label carries a warning to this effect. If Dr. Chako truly felt it was an appropriate treatment that could benefit her, then why did he not complete the treatment? Once administered, we believe Dr. Chako knew the hetastarch was killing Jasmine and feel he should have owned up and recommended euthanization instead of just leaving us there helpless after aborting the treatment and allowing her to suffer such a torturous death. We will never know if the Lasix would have been successful but regret that Jasmine's opportunity to find out was taken away by what we believe was inappropriate use of the hetastarch.

Jasmine was very special alpaca. She served as our farm ambassador. She would submissively walk up and greet complete strangers and blow them kisses. She had a way of gently interacting with people, Autistic individuals and special-needs kids in particular. She knew just how to gain their trust. She loved people and everyone who had the pleasure of meeting her loved her back.

We have photos and videos documenting Jasmine's condition before and after receiving the partial hetastarch treatment she received from Dr. Chako on August 22, 2018, and would be glad to provide them upon request. They clearly show she was alert, eating and drinking well and breathing normally up until about 20 minutes into the hetastarch IV, which is when she abruptly deteriorated before our eyes in a matter of minutes.



MIDWESTERN UNIVERSITY

OFFICE OF THE GENERAL COUNSEL

Barbara L. McCloud, Esq.
Vice President and General Counsel
E-mail: bmcclo@midwestern.edu

Via hand delivery on November 13, 2018

November 13, 2018

Arizona State Veterinary Medical Examining Board
1740 W. Adams Street, Suite 4600
Phoenix, Arizona 85007

RE: Case Number 19-32
Dr. Clemence Chako
Midwestern University College of Veterinary Medicine
Equine and Bovine Center

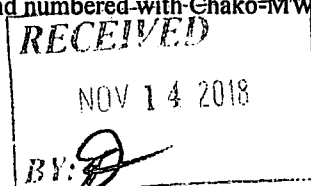
Dear Examining Board:

This correspondence and its attachment constitute the response of Dr. Clemence Chako to the above reference Complaint brought by Debbie McQueen ("Owner") on behalf of the family's two-year old female alpaca. The Complaint arises out of the care and treatment Dr. Chako provided to the alpaca during two veterinary visits made to the McQueen residence in August, 2018. A hard copy of the medical record is attached to this correspondence as Exhibit A.¹

MIDWESTERN UNIVERSITY

The University is an independent, not-for-profit, corporation accredited by the Higher Learning Commission/Commission of the North Central Association of Colleges and Schools. The University provides graduate and postgraduate education in the health sciences through 13 colleges, including the College of Veterinary Medicine ("CVM"), located in Glendale, Arizona. The CVM operates under the grant of authority issued by the Arizona State Board of Private Postsecondary Education. CVM received a Letter of Reasonable Assurance in June 2013 from the American Veterinary Medical Association and Full Accreditation in October of 2018. The CVM operates the Animal Health Institute ("AHI"). The Equine and Bovine Center ("EBC") is part of the AHI and occupies a 70,000 square foot center for veterinary education, research, large animal veterinary services, and pathology. The EBC operates an Ambulatory Service that makes visits to homes, farms and businesses to provide veterinary services to farm and food large animals. Our veterinarians utilize the latest technologies and treatments to provide care to large and food production animals. The EBC also provides extensive training for the next generation of veterinarians while serving the local community.

¹ The Exhibits to this Response are labeled and numbered with Chako-MWU0001-0054.



The EBC and its veterinary and support staff take their respective roles and responsibilities seriously, both as the healthcare team providing comprehensive care to our client's large and food production animals and as educators of tomorrow's veterinarians.

DR. CLEMENCE CHAKO

Dr. Clemence Chako is a Clinical Assistant Professor at Midwestern University's CVM, with a specialty in Large Animal Medicine & Surgery. He is a licensed veterinarian in Arizona and is part of the EBC's Ambulatory Service where he regularly treats sheep, goats, pigs, llamas, alpacas, and cattle. Dr. Chako received his B.V.Sc. at the University of Zimbabwe, his M.P.H. at University of Missouri-Columbia, and his Ph.D. in Biomedical Sciences at Oklahoma State University. His advanced clinical training included a one-year internship at Colorado State University in Livestock Medicine and Surgery. He completed a three-year residency in large animal internal medicine with a focus on food and fiber animals at Oklahoma State University. He is an ACVIM Board Certified Specialist in Large Animal Internal Medicine. Prior to coming to Midwestern University, he served as a Clinical Instructor in food and fiber large animal medicine at Oklahoma University. During his four years of post-graduate clinical training, Dr. Chako treated dozens of alpacas. In just the last year at Midwestern University, he has treated at least 12 alpacas.

SUMMARY OVERVIEW

August 20, 2018 Visit.

On August 20, 2018, Owner called the EBC to request a veterinary visit for her alpaca. The Owner had previously availed herself to the veterinary services of the EBC when she requested a visit for one of her goats. Owner advised the alpaca had been recumbent since at least 11:00 p.m. the previous evening when they returned home and checked on her. Jasmine's temperature at that time was 106°. Jasmine had been in an area without shade so the Owner advised they moved Jasmine to a cooler area in the yard where there was shade and numerous fans and gave electrolyte water. When the Owner checked on Jasmine on the morning of the 20th, she was eating, drinking, urinating and defecating normally but would not get up. The Owner reported she had never seen Jasmine down prior to this. *See Exhibit A, pages 3-6, 39-40.*

Dr. Chako arrived at the residence and began his examination of Jasmine. The alpaca was recumbent and had a temperature of 102.2°. Jasmine had long fiber and was not clipped. He found the alpaca to have tight hamstrings, quadriceps, and triceps on hind and front limbs respectively; pitting edema of the inner thighs and brisket. Based upon his initial examination and the animal history provided by the Owner, Dr. Chako's diagnosis was heat stress. Dr. Chako advised the Owner he would clip Jasmine to assist with temperature regulation. He called the EBC and had Veterinary Technician, Larriann Clark, bring out clippers. While waiting for the clippers, he continued with his physical examination, inserted a catheter, began a saline drip and drew blood in order to run laboratory tests. *See Exhibit A, pages 3-6, 39-40.*

After clipping Jasmine, Dr. Chako and Ms. Clark used a towel under her belly to lift the animal. There was no voluntary movement. Dr. Chako began massaging Jasmine's muscles and performing physical therapy. *See Exhibit A, pages 3-6, 39-40.*

Dr. Chako recommended the following additional treatment:

1. Give Vitamin E mixed with water;
2. Give an anti-inflammatory, prescribed and provided by Dr. Chako with instructions for administration;
3. Give physical therapy, for 20 minutes (5 minutes for each limb), every four hours, including trying to lift the animal.

See Exhibit A, pages 3-6, 39-40.

Dr. Chako advised the Owner that physical therapy as prescribed was very critical to Jasmine's recovery. Even with the physical therapy, an alpaca with heatstroke that is *hospitalized* has only a 50% chance of survival. For each day the animal remains recumbent, the chances of survival decrease by an additional 25%. Dr. Chako advised the Owner that if Jasmine is not showing signs of significant improvement, including standing and walking, euthanasia should be considered. The Owner explained to Dr. Chako she would only be able to perform the physical therapy on Jasmine twice a day. Dr. Chako advised the Owner to do the best that she could. Dr. Chako was at the residence for between 3-4 hours on August 20th. During that time, there was no change in Jasmine's condition. *See Exhibit A, pages 3-6, 39-40.*

Dr. Chako returned to the EBC, submitted the blood work to the laboratory and began typing up his record of the visit. After completing his report, he emailed a copy of his discharge instructions to the Owner. *See Exhibit A, pages 28-29.* The Discharge Instructions reiterate Dr. Chako's statements to the Owner during the visit that Jasmine's prognosis for recovery at 40-50% if she receives the recommended physical therapy and is lifted regularly to minimize muscle damage and encourage blood flow. The Discharge Instructions also reiterate Dr. Chako's recommendation to the Owner that Jasmine should be lifted up at least every 4 hours, along with the physical therapy, as healing depends on Jasmine's ability to overcome muscle damage and gain strength. Finally, the instructions advised the Owner to call the EBC with any questions or concerns and provided an alternative clinic for after-hours assistance. *See Exhibit A, pages 28-29.*

The following morning (August 21st), Dr. Chako reviewed the laboratory results. They showed a marketed increase in muscle enzymes. *See Exhibit A, pages 7-11.* Dr. Chako called the Owner and advised there was extensive muscle damage which decreased Jasmine's chances for recovery. The Owner advised Dr. Chako Jasmine had some movement in her legs that morning and she had ordered a sling. Dr. Chako advised the Owner to use the sling for about 2 hours at a time and work the muscles while Jasmine was up. He reiterated that if Jasmine wasn't better by Thursday, the prognosis decreases further. *See Exhibit A, page 48.* Late on August 21st, the Owner called into the EBC asking about whether or not Lasix (furosemide) would be an appropriate treatment for Jasmine. *See Exhibit A, page 48.*

August 22, 2018 Visit.

Dr. Chako returned to the Owner's residence for a recheck of Jasmine. He was accompanied by Dr. Matthew Cuneo, D.V.M., Midwestern University Clinical Assistant Professor of Large Animal Medicine and Surgery. The Owner reported she felt Jasmine's edema wasn't better but thought limb movement was better. Dr. Chako conducted his physical examination, noting the muscles of the limbs still feel tight and ventral edema is still present. He was unable to see any

progress in Jasmine's condition, despite the Owner's belief that there was improved leg movement. Of most importance, Jasmine was still recumbent. In response to the Owner's inquiry from the previous day, Dr. Chako explained that furosemide was not recommended because the edema was coming from blood vessels throwing off fluid, not accumulating fluid. The mechanism of edema in this case was vasculitis and diuretics such as furosemide were not indicated. If furosemide was administered, Jasmine could get dehydrated and suffer kidney damage from the accumulated toxins. Dr. Chako recommended the administration of Hetastarch to address the edema. It is used commonly when no alpaca plasma is available. As a colloid, it would limit loss of fluid from the blood vessels and limit further organ damage. The physical therapy would help address the edema. Dr. Chako had commonly used Hetastarch/Vetstarch treatment to address heat stress in alpaca's in the past. The Owner agreed and the treatment began via IV, along with an antibiotic administered subcutaneously. *See Exhibit A, pages 30-35, 41-47.*

During the administration of the Hetastarch, Jasmine began mouth breathing and nasal flaring. Dr. Chako stopped the IV until these new symptoms could be assessed and addressed. Approximately one bag of Hetastarch had been administered at this time, of the anticipated 1.5 bags Dr. Chako had determined as an appropriate amount. As a prophylactic, Dr. Chako administered dexamethasone and epinephrine via IV, in case of a possible allergic reaction. Further examination of Jasmine revealed a distended abdomen, indicating bloat. Dr. Chako inserted an orogastric tube, felt some resistance but some gas was expelled. Shortly thereafter, Jasmine resumed mouth breathing and nasal flaring. Dr. Chako again inserted the orogastric tube, dislodged the obstruction and considerable gas was expelled. The abdomen was no longer distended and Jasmine got much better in terms of breathing and mentation. Dr. Chako advised the Owner to hold feeding until later that evening and to feed a slurry of pellets to ensure easier consumption. The Owner advised she only had hay and did not feed Jasmine grain. Dr. Chako advised the Owner to soak the hay in water prior to feeding and continue the physical therapy. The course of this visit lasted about three hours. At the time of Dr. Chako and Dr. Cueno's departure, Jasmine had stabilized but the prognosis was still poor as the alpaca remained recumbent. *See Exhibit A, pages 30-35, 41-47.*

Dr. Chako returned to the EBC and wrote up his visit notes and discharge instructions, which he again emailed to the Owner. The Discharge Instructions noted the edema had not decreased, Jasmine remained recumbent and that chances of recovery were only 30-40%. The instructions further recommended to continue physical therapy, ideally every 4 hours, including lifting the animal. Finally, the instructions advised the Owner to call the EBC with any questions or concerns and provided an alternative clinic for afterhours assistance. *See Exhibit A, pages 36-37.*

Early that evening, Dr. Chako called the Owner to check on Jasmine's status. The Owner stated Jasmine was doing better, chewing her cud. The Owner again inquired about using furosemide. Dr. Chako repeated his previous advice, that a diuretic was not indicated for Jasmine's condition. *See Exhibit A, page 48.*

Dr. Chako was out of the office for the next week. When he returned to the office on August 30th, he checked the chart to see if any further treatment was provided to Jasmine or the Owner had called with an update. Seeing no further record, Dr. Chako called the Owner to ask about Jasmine's condition. The Owner advised that Jasmine had died and was clearly upset. The Owner stated that after conducting some of her own research online, she believed the Hetastarch was the reason for Jasmine's death, believed that furosemide should have been used and blamed herself for allowing the administration of the Hetastarch. Dr. Chako expressed condolences for Jasmine's death and attempted to again explain his rationale for the use of Hetastarch. The Owner chose to not continue the conversation. Dr. Chako had no further interaction with the Owner. *See Exhibit A, page 48.*

ADDITIONAL CONSIDERATIONS

While the Owner claims that Jasmine's condition and leg improvement had improved between August 20th and August 22nd, including leg movement and placing weight on her legs, Dr. Chako, upon his examination on the 22nd, found no such evidence of improvement. Further, he doubts Jasmine would have been able to bear any weight on her limbs in her condition. Additionally, the Owner states that Jasmine's bloat was caused by "gasping for air and hyperventilation from the labored breathing." The Owner's supposition is medically impossible. Further, the Owner states Jasmine's condition did not improve after the choking incident. However, Dr. Chako noted a resolution of those symptoms while he was still conducting his visit. Further, when he called later that evening to check on Jasmine, the Owner reported she was doing better and chewing her cud. *See Exhibit A, page 48.* The Owner did not report any continuation of the respiratory distress that she had now purported in her Complaint.

As to the Owner's allegation that use of Hetastarch was "off-label," experimental or unproven, it is important to note the U.S. Food and Drug Administration has not "labeled" any of the medicines and treatments commonly used by veterinarians in the care and treatment of camelids. As noted above, Dr. Chako has treated dozens of alpacas with heat stroke over a number of years and has regularly used Hetastarch/Vetstarch to do so, as have other treating large animal veterinarians.

As to the Owner's allegation that Dr. Chako didn't complete the treatment, as noted above, at the time the Hetastarch administration was stopped, one bag of the projected 1.5 bags had been given. Dr. Chako believed that this was sufficient under the circumstances, particularly after the choking incident, in order to limit further stress to the animal.

As to the Owner's allegation that Dr. Chako abandoned Jasmine, Dr. Chako spent several hours with the Owner and Jasmine during the recheck visit. At the time he concluded the visit, Jasmine had stabilized and was doing as well as expected for an alpaca who had suffered significant muscle damage due to heatstroke and prolonged recumbency. The prognosis for Jasmine remained extremely poor. *See Exhibit A, pages 30-33, 41-47; See Exhibit B, Statement of Dr. Cuneo, D.V.M., page 51.* Further, when Dr. Chako called to check on Jasmine later that same day, the Owner advised Jasmine was doing better and chewing her cud. *See Exhibit A, page 48.*

By August 23rd, the date the Owner advised Jasmine had died, the alpaca had been recumbent for nearly five days. As Dr. Chako had stated and reiterated numerous times, the chances of recovery were less than 50% and declining significantly each day.

Dr. Chako reported Jasmine's death to the CVM's Quality Assurance Committee ("QAC"). The QAC reviewed the medical record, consulted several experts and determined that the care and treatment provided to Jasmine by Dr. Chako was appropriate within the standard of care and did not constitute negligence. *See Exhibit C, QAC Report, pages 53-54.*

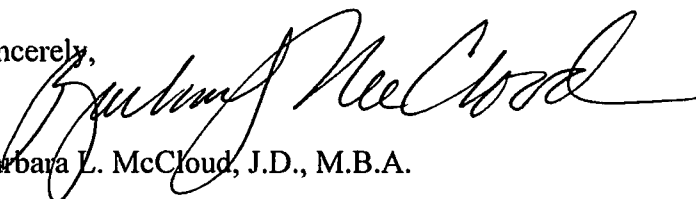
SUMMARY

No Owner wants to lose an animal, much less one considered a family pet. It is not unusual for an Owner to believe an animal is showing signs of recovery when no appreciable recovery is actually present. It is also understandable in such circumstances for the Owner to second guess a decided course of treatment. However, Dr. Chako is an experienced large animal veterinarian who has successfully treated dozens of heat stressed alpacas over a period of years, using Hetastarch. As stated previously, when Dr. Chako first conducted an ambulatory services visit of Jasmine at the Owner's residence, the alpaca had been recumbent since sometime the previous evening. The alpaca was diagnosed with heat stress and the prognosis was just 40-50% at that time. Prognosis decreased significantly, approximately 25% for each day the alpaca remained recumbent. While regular physical therapy, every four hours, was recommended, the Owner was unable to provide this level of treatment, thus compromising an already low probability of recovery.

Despite his attempts to treat Jasmine with commonly accepted treatments, as noted in the medical record, she did not recover and eventually died, five days after the Owner first noted the alpaca's recumbency. At no time did Dr. Chako abandon Jasmine while she was in a state of heightened distress. At no time did Dr. Chako use unproven methods of treatment on Jasmine. The last time Dr. Chako saw Jasmine, she had stabilized and according to the Owner was doing well the evening before she died. Of note, the Owner does not mention that she had a necropsy performed on Jasmine. As such, her subjective belief that Jasmine died from the administration of Hetastarch is without basis and there is no connection between Dr. Chako's care and treatment of Jasmine and her death.

Should you need additional information with respect to this correspondence and the attached records, please do not hesitate to contact me.

Sincerely,

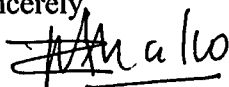


Barbara L. McCloud, J.D., M.B.A.

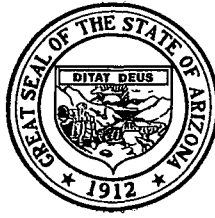
Affirmation of Dr. Clemence Chako:

The above Response and its attached EMR accurately reflect my observations, diagnosis, treatment and recommendations with regard to the alpaca Jasmine and constitute my personal statement regarding same.

Sincerely,



Dr. Clemence Chako, B.V.Sc. M.P.H., DACVIM, Ph.D.



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Donald Noah, D.V.M. - **Recused**

Amrit Rai, D.V.M.

Adam Almaraz – **Acting Chair**

Christine Butkiewicz, D.V.M.

William Hamilton

STAFF PRESENT: Tracy A. Riendeau, CVT - Investigations
Victoria Whitmore, Executive Director
Michael Raine, Assistant Attorney General

RE: Case: 19-32

Complainant(s): Debbie McQueen

Respondent(s): Clemence Chako, D.V.M. (License: 6914)

SUMMARY:

Complaint Received at Board Office: 10/22/18
Committee Discussion: 2/5/19
Board IIR: 4/17/19

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised September
2013 (Yellow).

On August 20, 2018, "Jasmine," a 2-year-old female alpaca was examined by Respondent and diagnosed with heat stress. The alpaca's prognosis was guarded based on the diagnosis and condition of the animal. Treatments were recommended and administered.

On August 22, 2018, Respondent visited the alpaca again due to no improvement. Hetastach was administered – during treatment, the animal began to choke but Respondent was able to stabilize the animal.

The following day the alpaca passed away.

Complainant was noticed and appeared telephonically.

Respondent was noticed and appeared with counsel, Barbara McCloud.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Debbie McQueen*
- Respondent(s) narrative/medical record: *Clemence Chako, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Matthew Cuneo, DVM*

PROPOSED 'FINDINGS of FACT':

1. On August 19, 2018, Complainant found her alpaca down with a temperature = 104.8 degrees (Respondent documented 106 degrees in medical record). The alpaca was moved and fans were placed in front of her; Complainant iced her down and administered electrolyte enemas and a B-complex injection. The alpaca's temperature dropped to 103 degrees and Complainant administered 1mL of Banamine; the alpaca was eating, drinking and chewing her cud but could not stand. Complainant could not find a veterinarian to see the animal that evening.

2. On August 20, 2018, Respondent was called out to Complainant's home to assess the alpaca. He examined the alpaca and noted the animal was BAR, weighed = 70kg, had a temperature = 102.2 degrees, a heart rate = 52bpm and a respiration rate = 48rpm. The alpaca was recumbent, maintaining sternal posture and had tight hamstrings, quadriceps and triceps on hind and front limbs respectively. Respondent also identified pitting edema on the inner thighs and brisket. His differential diagnoses were heat stress, nutritional myopathy, spinal injury/disease and meningeal worm. However, based on muscle tightness, ventral edema, and history of pyrexia, and the animal's history provided by Complainant, the most likely diagnosis was heat stress.

3. According to Respondent's narrative, the alpaca had long fiber and was not clipped – he advised Complainant that he would clip the animal to help with temperature regulation. While waiting for technical staff to deliver the clippers, Respondent placed an IV catheter, collected a blood sample and administered sterile saline 0.9% solution – 1 Liter. When the clippers arrived, Respondent clipped the alpaca and had technical staff member, Ms. Clark, lift the animal by using a towel. No voluntary movement was noted. Respondent massaged the alpaca's muscles and performed physical therapy.

4. Respondent explained to Complainant that the alpaca had a 40 – 50% chance of survival, even with physical therapy. For each day the animal remains recumbent, the chances of survival decrease by an additional 25%. Respondent recommended physical therapy, for 20 minutes (5 minutes on each limb), every four (4) hours including trying to lift the animal. Complainant responded that she would only be able to perform the physical therapy on the alpaca twice a day. Respondent advised Complainant to do what she could and if the animal was not improving – including walking and standing – euthanasia should be considered. Respondent dispensed and recommended the following:

- a. Flunixin meglumine 50mg/mL – 3mL; give 1.5mL IM once a day for 2 days;
- b. Continue to provide water and electrolytes and feed;
- c. Administer 6000IU of vitamin E orally once a day for 5 days; and
- d. Call daily with updates.

5. The next day, Respondent relayed the blood results to Complainant: Marked elevation in AST, CPK and LDH, and a low Albumin. He explained that the results indicated there was extensive muscle damage, further supporting heat stress as the diagnosis. The alpaca's prognosis was poor without proper physical therapy. Complainant reported that the alpaca had moved her hind legs that morning and they had ordered a sling. Respondent advised using the sling for approximately two hours at a time.

6. Later that day, Complainant called to ask about using Lasix to treat the alpaca.

7. On August 22, 2018, Respondent and Dr. Cuneo performed a follow up visit on the alpaca. Complainant felt the alpaca's limb movement had improved. Upon exam, Respondent noted a weight = 70kg, a temperature = 102.4 degrees, a heart rate = 68bpm and a respiration rate = 28rpm. Ventral edema was still present and the limbs still felt tight; Respondent could not appreciate Complainant's claims of improvement.

8. In response to Complainant's inquiry of the use of Lasix, Respondent stated that he did not feel Lasix would help the edema because of the potential of the animal to become dehydrated and get kidney damage from the toxins. The mechanism of edema in this case, was vasculitis and in his opinion diuretics were not indicated. Respondent felt that vetstarch/Hetastarch would help with fluid retention in the vessels and physical therapy would help get rid of the edema that was already present.

9. Respondent recommended Hetastarch and an antibiotic; Complainant approved. Ceftiofur CFA 2.5mLs was administered IM (6.6mg/kg). During the administration of Hetastarch, the alpaca choked on hay that she was eating before the fluids were finished therefore the fluids were discontinued (approximately 500mLs were administered) as Respondent was not sure what was causing the alpaca to have nasal flaring and open-mouth breathing. Dexamethasone and epinephrine were administered IV. The alpaca had a distended abdomen thus an orogastric tube was passed and relieved the obstruction and expelling the gas. The abdomen was better and the alpaca's breathing and mentation improved. Respondent recommended not feeding the alpaca until that evening and feed soaked hay since she did not have pellets to make a slurry for ease of consumption; physical therapy was also recommended to be continued. The alpaca's prognosis remained poor since she was recumbent.

10. Later that evening, Respondent called Complainant to check on the alpaca. Complainant reported that she was doing better, chewing her cud. Complainant again asked about the use of Lasix and Respondent repeated what he told Complainant earlier, that a diuretic was not indicated for the alpaca's condition.

11. On August 23, 2018, Complainant stated in her complaint that the alpaca was fatigued and gasping for breath; her eyes were dull and the edema was worse. When they went to lift the alpaca into the sling, a clear fluid came from her mouth, she started vocalizing, and she passed away.

12. Complainant believes that the Hetastarch administration caused fluid overload and led to the death of the alpaca.

COMMITTEE DISCUSSION:

The Committee discussed that based on the blood work, recommending a colloid was appropriate. This case had a poor prognosis; if the alpaca was up and eating it made sense to try and continue treatment. The Committee felt the treatment was appropriate.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

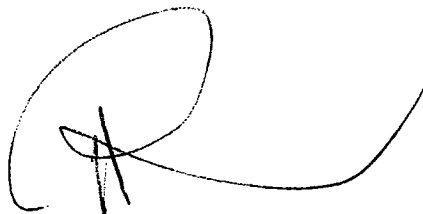
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'TR' with a large loop and a horizontal line extending to the right.

Tracy A. Riendeau, CVT
Investigative Division